

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598646

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
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47		/				
48		/				
49			/			
50			/			
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			2			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					/	
52					/	
53					/	
54					/	
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98						
99						
100						
TOTAL IND.				2		
TOTAL DEP.			1			
TOTAL CLAIMS			2			